

PART B - FEE(S) TRANSMITTAL

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22195 7590 08/16/2002
HUMAN GENOME SCIENCES INC
9410 KEY WEST AVENUE
ROCKVILLE, MD 20850



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/348,815	07/08/1999	HAODONG LI	PF126PID1	5784

TITLE OF INVENTION: CONNECTIVE TISSUE GROWTH FACTOR-2

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$300	\$1580	11/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZARA, JANE J	1635	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

HUMAN GENOME SCIENCES, INC.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HUMAN GENOME SCIENCES, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ROCKVILLE, MD

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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(Authorized Signature)

(Date)

Janet H. Martineau Reg. No. **46,903** 11/15/02

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01 FC:1501 1280.00 CH
02 FC:1504 300.00 CH
03 FC:8001 9.00 CH

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